BEST AVAILABLE COPY

PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2000

Application or Docket Number

09955331

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS 2								RATE	FEE		RATE	FEE
FOR NUMBER FILE				FILED	NUMB	ER EXTRA	8	ASIC FEE	355.00	OR	BASIC FEE	710.00
TOTAL CHARGEABLE CLAIMS minus			nus 20=			Γ	X\$ 9=		OR	X\$18=	18	
INDEPENDENT CLAIMS			5 mi	5 minus 3 =		. 5		X40=		OR	X80=	160
MULTIPLE DEPENDENT CLAIM PRESENT							┢	+135=		OR	+270=	700
* If the difference in column 1 is less than zero, enter					r "0" in c	column 2	L	TOTAL		OR	TOTAL	888
CLAIMS AS AMENDED - PAR					TII			Į.		ı	OTHER	THAN
		(Column 1)		(Colu		(Column 3)		SMALL E	NTITY	OR	SMALL	ENTITY
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	*	Minus	***		=		X40=		OR	X80=	
Ľ	FIRST PRESE	NTATION OF M	ULTIPLE DE	PENDEN	T CLAIM		I	+135=		OR	+270=	
			•				L	TOTAL			TOTAL	
(Column 1) (Column 2) (Column 3)								DDIT. FEE		On	ADDIT. FEE	
	· · · · · · · · · · · · · · · · · · ·	(Column 1) CLAIMS			mn 2) HEST	(Column 3)	Г		ADDI-	i I		ADDI-
NT B		REMAINING AFTER AMENDMENT			IBER OUSLY FOR	PRESENT EXTRA		RATE	TIONAL		RATE	TIONAL
AMENDMENT	Total	•	Minus	**		=		X\$ 9=	•	OR	X\$18=	
ME	Independent	*	Minus	***		=		X40=		OR	X80=	
Ľ	FIRST PRESE	ULTIPLE DE	TIPLE DEPENDENT			H	405			070		
	•	•	• .				L	+135=		OR	+270=	
	••						ΑŪ	TOTAL ODIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu		(Column 3)						
AMENDMENT C.		CLAIMS REMAINING AFTER AMENDMENT		NUM PREVI	HEST IBER OUSLY FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	Minus	**		=		X\$ 9=		OR	X\$18=	
ME	Independent	*	Minus	***		=	F	X40=			X80=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT						-	,, ,,,		OR		
					#07 !-	.h 0	Ĺ	+135=		OR	+270=	
" If the entry in column 1 is less than the entry in column 2, writ "0" in column 3. "If the "Highest Number Pr viously Paid For" IN THIS SPACE is less than 20, enter "20." ***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.												